

| PATENT APPLICATION FEE DETERMINATION RECORD  |   |                            |   | Application or Docket Number |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
|--|---|----------------------------|---|------------------------------|--------------|--|----------------------------|--|------|--------------------------|----|--------------------------|------|-----|------|-----|-----------|--------|----|-----------|--------|--------|--|----|--------|----|------|--|----|------|-----|-------|--|----|-------|---|-------|--|----|------------|--|--------------|--|----------------------------|--|------|--------------------------|----|--------------------------|------|------------------------|------|------------------------|--------|--|----|--------|-----|------|--|----|------|-----|-------|--|----|-------|---|------------------|--|----|-----------|--|------|--|------------------------|--|-------------------|--|------|------------------------|--------|--|----|--------|--|------|--|----|------|--|-------|--|----|-------|--|------------------|--|----|-------|--|------|--|------------------------|--|-------------------|--|------|------------------------|--------|--|----|--------|--|------|--|----|------|--|-------|--|----|-------|--|------------------|--|----|-------|--|
| Effective October 1, 2001  |   |                            |   | 10/024215                    |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| CLAIMS AS FILED - PART I   |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| (Column 1)   |   | (Column 2)                 |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TOTAL CLAIMS   |   | 24                         |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| FOR  |   | NUMBER FILED               | NUMBER EXTRA                                |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TOTAL CHARGEABLE CLAIMS  |   | 24 minus 20 =              | 4   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| INDEPENDENT CLAIMS   |   | 6 minus 3 =                | 3   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                            |   | <input type="checkbox"/>     |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| 10/15/09 CLAIMS AS AMENDED - PART II   |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| (Column 1)   |   | (Column 2)                 |   | (Column 3)                   |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| AMENDMENT A  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA             |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
|  | Total                                     | 308                        | Minus                                       | 24                           | = 0          |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| Independent  | 0   | Minus                      | 6   | = 2                          |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>  |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| AMENDMENT B  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA             |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
|  | Total                                     | *                          | Minus                                       | *                            | =            |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| Independent  | *   | Minus                      | **  | =                            |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>  |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| AMENDMENT C  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA             |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
|  | Total                                     | *                          | Minus                                       | *                            | =            |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| Independent  | *   | Minus                      | **  | =                            |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>  |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| <ul style="list-style-type: none"> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>   |   |                            |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| <table border="1"> <thead> <tr> <th colspan="2">SMALL ENTITY</th> <th colspan="2">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td>TYPE</td> <td><input type="checkbox"/></td> <td>OR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RATE</td> <td>Fee</td> <td>RATE</td> <td>Fee</td> </tr> <tr> <td>BASIC FEE</td> <td>370.00</td> <td>OR</td> <td>BASIC FEE</td> <td>740.00</td> </tr> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> <td>72</td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> <td>252</td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> <td>-</td> </tr> <tr> <td colspan="2">TOTAL</td> <td>OR</td> <td colspan="2">TOTAL 1064</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="2">SMALL ENTITY</th> <th colspan="2">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td>TYPE</td> <td><input type="checkbox"/></td> <td>OR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RATE</td> <td>ADDI-<br/>TIONAL<br/>FEE</td> <td>RATE</td> <td>ADDI-<br/>TIONAL<br/>FEE</td> </tr> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> <td>144</td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> <td>176</td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> <td>-</td> </tr> <tr> <td colspan="2">TOTAL ADDIT. FEE</td> <td>OR</td> <td colspan="2">TOTAL 320</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="2">RATE</th> <th colspan="2">ADDI-<br/>TIONAL<br/>FEE</th> </tr> </thead> <tbody> <tr> <td>ADDITIONAL<br/>FEE</td> <td></td> <td>RATE</td> <td>ADDI-<br/>TIONAL<br/>FEE</td> </tr> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> <td></td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> <td></td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> <td></td> </tr> <tr> <td colspan="2">TOTAL ADDIT. FEE</td> <td>OR</td> <td colspan="2">TOTAL</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="2">RATE</th> <th colspan="2">ADDI-<br/>TIONAL<br/>FEE</th> </tr> </thead> <tbody> <tr> <td>ADDITIONAL<br/>FEE</td> <td></td> <td>RATE</td> <td>ADDI-<br/>TIONAL<br/>FEE</td> </tr> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> <td></td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> <td></td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> <td></td> </tr> <tr> <td colspan="2">TOTAL ADDIT. FEE</td> <td>OR</td> <td colspan="2">TOTAL</td> </tr> </tbody> </table> |   |                            |   |                              | SMALL ENTITY |  | OTHER THAN<br>SMALL ENTITY |  | TYPE | <input type="checkbox"/> | OR | <input type="checkbox"/> | RATE | Fee | RATE | Fee | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | X\$ 9= |  | OR | X\$18= | 72 | X42= |  | OR | X84= | 252 | +140= |  | OR | +280= | - | TOTAL |  | OR | TOTAL 1064 |  | SMALL ENTITY |  | OTHER THAN<br>SMALL ENTITY |  | TYPE | <input type="checkbox"/> | OR | <input type="checkbox"/> | RATE | ADDI-<br>TIONAL<br>FEE | RATE | ADDI-<br>TIONAL<br>FEE | X\$ 9= |  | OR | X\$18= | 144 | X42= |  | OR | X84= | 176 | +140= |  | OR | +280= | - | TOTAL ADDIT. FEE |  | OR | TOTAL 320 |  | RATE |  | ADDI-<br>TIONAL<br>FEE |  | ADDITIONAL<br>FEE |  | RATE | ADDI-<br>TIONAL<br>FEE | X\$ 9= |  | OR | X\$18= |  | X42= |  | OR | X84= |  | +140= |  | OR | +280= |  | TOTAL ADDIT. FEE |  | OR | TOTAL |  | RATE |  | ADDI-<br>TIONAL<br>FEE |  | ADDITIONAL<br>FEE |  | RATE | ADDI-<br>TIONAL<br>FEE | X\$ 9= |  | OR | X\$18= |  | X42= |  | OR | X84= |  | +140= |  | OR | +280= |  | TOTAL ADDIT. FEE |  | OR | TOTAL |  |
| SMALL ENTITY   |   | OTHER THAN<br>SMALL ENTITY |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TYPE   | <input type="checkbox"/>                  | OR                         | <input type="checkbox"/>                    |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| RATE   | Fee                                       | RATE                       | Fee   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| BASIC FEE  | 370.00                                    | OR                         | BASIC FEE                                   | 740.00                       |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X\$ 9=   |   | OR                         | X\$18=                                      | 72                           |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X42=   |   | OR                         | X84=  | 252                          |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| +140=  |   | OR                         | +280=                                       | -                            |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TOTAL  |   | OR                         | TOTAL 1064                                  |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| SMALL ENTITY   |   | OTHER THAN<br>SMALL ENTITY |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TYPE   | <input type="checkbox"/>                  | OR                         | <input type="checkbox"/>                    |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| RATE   | ADDI-<br>TIONAL<br>FEE                    | RATE                       | ADDI-<br>TIONAL<br>FEE                      |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X\$ 9=   |   | OR                         | X\$18=                                      | 144                          |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X42=   |   | OR                         | X84=  | 176                          |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| +140=  |   | OR                         | +280=                                       | -                            |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TOTAL ADDIT. FEE   |   | OR                         | TOTAL 320                                   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| RATE   |   | ADDI-<br>TIONAL<br>FEE     |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| ADDITIONAL<br>FEE  |   | RATE                       | ADDI-<br>TIONAL<br>FEE                      |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X\$ 9=   |   | OR                         | X\$18=                                      |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X42=   |   | OR                         | X84=  |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| +140=  |   | OR                         | +280=                                       |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TOTAL ADDIT. FEE   |   | OR                         | TOTAL                                       |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| RATE   |   | ADDI-<br>TIONAL<br>FEE     |   |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| ADDITIONAL<br>FEE  |   | RATE                       | ADDI-<br>TIONAL<br>FEE                      |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X\$ 9=   |   | OR                         | X\$18=                                      |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| X42=   |   | OR                         | X84=  |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| +140=  |   | OR                         | +280=                                       |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |
| TOTAL ADDIT. FEE   |   | OR                         | TOTAL                                       |                              |              |  |                            |  |      |                          |    |                          |      |     |      |     |           |        |    |           |        |        |  |    |        |    |      |  |    |      |     |       |  |    |       |   |       |  |    |            |  |              |  |                            |  |      |                          |    |                          |      |                        |      |                        |        |  |    |        |     |      |  |    |      |     |       |  |    |       |   |                  |  |    |           |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |      |  |                        |  |                   |  |      |                        |        |  |    |        |  |      |  |    |      |  |       |  |    |       |  |                  |  |    |       |  |

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